



Glenn Grieb
Plant Manager
VEOLIA WATER NORTH AMERICA

KinBuc Landfill Treatment Plant
383 Meadow Road
Edison, NJ 08817
www.veoliawaterna.com

September 21st, 2004

Ms. Grissel V. Diaz-Cotto
Emergency and Remedial Response Division
United States Environmental Protection Agency
Region II
290 Broadway, 19th Floor
New York, NY 10007-1866

Re: August 2004 Discharge Monitoring Report
Leachate Treatment Plant, Operable Unit 1
Kin-Buc Landfill Superfund Site

Dear Ms. Diaz-Cotto:

The August 2004 Discharge Monitoring Report (DMR) for the Leachate Treatment Plant of Operable Unit 1, Kin-Buc Landfill Superfund Site, prepared by Veolia Water Operating Services is attached.

Should you have any questions concerning the DMR or other site items, please contact me at your earliest convenience at the Kin-Buc site.

Very truly yours,
Veolia Water Operating Services
On behalf of SCA Services, Inc.,

A handwritten signature in black ink, appearing to read "Glenn Grieb".

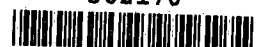
Glenn Grieb
Plant Manager

Enclosure

cc: Martha Goodwin – NJDEP
Stephen Joyce – SCA Holding
Carl Januszkiewicz – Waste Management
Richard Hoyt – Veolia Water OS



562170



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.
*
*NJ Permit Equivalent

REPORTING PERIOD
M o. Y r. M o. Y r.

PERMITTEE: Name: SCA Services, Inc.
Address: 383 Meadow Road
Edison, New Jersey 08817

FACILITY: Name: Kin-Buc Landfill
Address: 383 Meadow Road
Edison, New Jersey 08817
Telephone: 732-572-4743

FORMS ATTACHED (Indicate Quantity of Each)

Operating Exceptions

SLUDGE REPORT-SANITARY
__ T-VWX-007 __ T-VWX-008 __ T-VWX-009
__ EPA Form 3320-1

DYE TESTING YES NO
 __ X

SLUDGE REPORT-INDUSTRIAL
__ T-VWX-010A __ T-VWX-010B

TEMPORARY BYPASSING __ X

DISINFECTION INTERRUPTION __ X

WASTEWATER REPORTS
__ T-VWX-011 __ T-VWX-012 __ T-VWX-013

MONITORING MALFUNCTIONS __ X

GROUNDWATER REPORTS
__ T-VWX-015(A,B) __ T-VWX-016 __ T-VWX-017
__ ELECTRONIC SUBMISSION

UNITS OF OPERATION __ X

OTHER __ X

NPDES DISCHARGE MONITORING
__ 1 EPA Form 3320-1

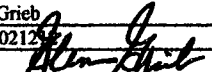
(Detail any "Yes" on reverse side in appropriate space.)

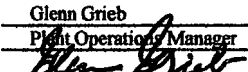
NOTE: The "Hours Attended at Plant" on the reverse of this sheet must also be completed.

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

LICENSED OPERATOR

**PRINCIPAL EXECUTIVE OFFICER OR
DULY AUTHORIZED REPRESENTATIVE**

Name (Printed) Glenn Grieb
Grade & Registry No. N-4 ; 002124
Signature 

Name (Printed) Glenn Grieb
Title (Printed) Plant Operations Manager
Signature 

PERMITTEE NAME/ADDRESS

NAME

ADDRESS

FACILITY

LOCATION

SCA SERVICES, INC.
383 MEADOW ROAD
EDISON, NEW JERSEY 08817

KIN-BUC LANDFILL
EDISON, NEW JERSEY
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT

PERMIT NUMBER

001

DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY
04	08	01

YEAR	MO	DAY
04	08	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.290230	0.038919	MGD	*****	*****	*****	***	***	continuous	flow meter
	PERMIT REQUIREMENT	REPORT	ONLY		*****	*****	*****			continuous	flow meter
pH	SAMPLE MEASUREMENT	*****	*****	***	6.22	*****	8.31	S.U.	0	1/week	grab
	PERMIT REQUIREMENT	*****	*****		6.0	*****	9.0			weekly	grab
PETROLEUM HYDROCARBONS	SAMPLE MEASUREMENT	*****	*****	***	*****	<1.000	<1.000	mg/l	0	2/month	grab
	PERMIT REQUIREMENT	*****	*****		*****	10	15			2/month	grab
COD	SAMPLE MEASUREMENT	43.621	54.296	kg/day	*****	373	455	mg/l	0	2/month	comp.
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT	ONLY			2/month	comp.
BOD	SAMPLE MEASUREMENT	*****	*****	***	*****	<5.00	<5.00	mg/l	0	2/month	comp.
	PERMIT REQUIREMENT	*****	*****		*****	56	229			2/month	comp.
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	0.87	1.81	kg/day	*****	8.04	16.00	mg/l	0	1/week	comp.
	PERMIT REQUIREMENT	REPORT	ONLY		*****	30	45(1)			weekly	comp.
DISSOLVED OXYGEN	SAMPLE MEASUREMENT	*****	*****	***	5.71	*****	*****	mg/l	0	1/week	grab
	PERMIT REQUIREMENT	*****	*****		4.0 MIN. instantaneous	*****	*****			weekly	grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE		
Glenn Grieb Project Manager							732 572-4743		04 09 21		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR MO DAY		

COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS

(REFERENCE ALL ATTACHMENTS HERE)

PERMITTEE NAME/ADDRESS
SCA SERVICES, INC.
383 MEADOW ROAD
EDISON, NEW JERSEY 08817

FACILITY
KIN-BUC LANDFILL
LOCATION
EDISON, NEW JERSEY
ATTN: **CARL JANUSZKIEWICZ**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
04	08	01	04	08	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BENZENE	SAMPLE MEASUREMENT	<0.0000349	<0.0000358	kg/day	*****	<0.30	<0.30	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.009	0.02		*****	57	134			2/month	grab
CHLOROBENZENE	SAMPLE MEASUREMENT	<0.0000349	<0.0000358	kg/day	*****	<0.30	<0.30	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.022	0.055		*****	142	380			2/month	grab
1,1 DICHLOROETHENE	SAMPLE MEASUREMENT	<0.0000465	<0.0000477	kg/day	*****	<0.40	<0.40	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.093	0.099		*****	22	59			2/month	grab
ETHYLBENZENE	SAMPLE MEASUREMENT	<0.0000349	<0.0000358	kg/day	*****	<0.30	<0.30	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.022	0.055		*****	142	380			2/month	grab
TETRACHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000465	<0.0000477	kg/day	*****	<0.40	<0.40	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.098	0.025		*****	52	184			2/month	grab
TOLUENE	SAMPLE MEASUREMENT	<0.0000349	<0.0000358	kg/day	*****	<0.30	<0.30	ug/L	0	2/month	grab
	PERMIT REQUIREMENT		0.011		*****	28	74			2/month	grab
1,2-TRANSDICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000349	<0.0000358	kg/day	*****	<0.30	<0.30	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.094	0.099		*****	25	80			2/month	grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 39 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)				TELEPHONE		DATE			
Glenn Grieb Project Manager						732 572-4743		04 09 21			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE		NUMBER		YEAR MO DAY	

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PERMITTEE NAME/ADDRESS

NAME

ADDRESS

SCA SERVICES, INC.
383 MEADOW ROAD
EDISON, NEW JERSEY 08817

FACILITY

LOCATION

ATTN:

KIN-BUC LANDFILL
EDISON, NEW JERSEY
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	08	01		04	08	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TRICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000465	<0.0000477	kg/day	*****	<0.40	<0.40	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.004	0.010		*****	25	50			2/month	grab
VINYL CHLORIDE	SAMPLE MEASUREMENT	<0.0000433	<0.0000506	kg/day	*****	<0.40	<0.40	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	0.006	0.016		*****	52.8	106			weekly	grab
ACENAPHTHYLENE	SAMPLE MEASUREMENT	<0.0000082	<0.0000084	kg/day	*****	<0.071	<0.071	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(A)ANTHRACENE	SAMPLE MEASUREMENT	<0.0000105	<0.0000107	kg/day	*****	<0.091	<0.091	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(A)PYRENE	SAMPLE MEASUREMENT	<0.0000082	<0.0000084	kg/day	*****	<0.071	<0.071	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(ghi)PERYLENE	SAMPLE MEASUREMENT	<0.0000082	<0.0000084	kg/day	*****	<0.071	<0.071	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(k)FLUORANTHENE	SAMPLE MEASUREMENT	<0.0000070	<0.0000072	kg/day	*****	<0.061	<0.061	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
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Glenn Grieb Project Manager						732 572-4743		04 09 21			
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COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS

(REFERENCE ALL ATTACHMENTS HERE)

<0.00017

PERMITTEE NAME/ADDRESS

NAME
ADDRESSSCA SERVICES, INC.
383 MEADOW ROAD
EDISON, NEW JERSEY 08817FACILITY
LOCATION
ATTN:KIN-BUC LANDFILL
EDISON, NEW JERSEY
CARL JANUSZKIEWICZNATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORTNJ PERMIT EQUIVALENT
PERMIT NUMBER001
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	08	01		04	08	31

PARAMETER		QUANTITY OR LOAD			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
IDENO(1,2,3cd) PYRENE	SAMPLE MEASUREMENT	<0.0000105	<0.0000107	kg/day	*****	<0.091	<0.091	ug/L	0	1/month	grab		
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	2.43			monthly	grab		
PHENANTHRENE	SAMPLE MEASUREMENT	<0.0000104	<0.0000126	kg/day	*****	<0.10	<0.10	ug/L	0	1/week	grab		
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	5.4(2)			weekly	grab		
ALDRIN	SAMPLE MEASUREMENT	<0.0000012	<0.0000013	kg/day	*****	<0.010	<0.010	ug/L	0	1/month	grab		
	PERMIT REQUIREMENT	0.000133	0.00026		*****	0.0875	0.176			monthly	grab		
4,4-DDT	SAMPLE MEASUREMENT	<0.0000011	<0.0000013	kg/day	*****	<0.010	<0.010	ug/L	0	1/week	grab		
	PERMIT REQUIREMENT	0.0000576	0.000146		*****	0.36	0.765			weekly	grab		
PCB-1242	SAMPLE MEASUREMENT	<0.0000217	<0.0000253	kg/day	*****	<0.20	<0.20	ug/L	0	1/week	grab		
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab		
PCB-1248	SAMPLE MEASUREMENT	<0.0000325	<0.0000379	kg/day	*****	<0.30	<0.30	ug/L	0	1/week	grab		
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab		
PCB-1254	SAMPLE MEASUREMENT	<0.0000217	<0.0000253	kg/day	*****	<0.20	<0.20	ug/L	0	1/week	grab		
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)							TELEPHONE		DATE		
Glenn Grieb Project Manager									732 572-4743		04 09 21		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MO	DAY

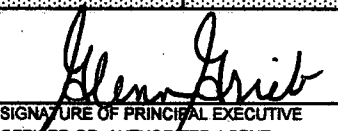
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS

(REFERENCE ALL ATTACHMENTS HERE)

PERMITTEE NAME/ADDRESS

NAME
ADDRESSSCA SERVICES, INC.
383 MEADOW ROAD
EDISON, NEW JERSEY 08817FACILITY
LOCATION
ATTN:KIN-BUC LANDFILL
EDISON, NEW JERSEY
CARL JANUSZKIEWICZNATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORTNJ PERMIT EQUIVALENT
PERMIT NUMBER001
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PCB-1260	SAMPLE MEASUREMENT	<0.0000325	<0.0000379	kg/day	*****	<0.30	<0.30	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
ARSENIC	SAMPLE MEASUREMENT	<0.0014137	<0.0028043	kg/day	*****	<12.5	<23.5	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.013	0.026		*****	85.6	122			weekly	comp
CADMIUM	SAMPLE MEASUREMENT	0.0001766	0.0003580	kg/day	*****	1.6	3.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.0073	0.017		*****	48.2	112			weekly	comp
CHROMIUM	SAMPLE MEASUREMENT	0.0003916	0.0005251	kg/day	*****	3.66	4.70	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.020	0.060		*****	288	396			weekly	comp
COPPER	SAMPLE MEASUREMENT	0.0004303	0.0005967	kg/day	*****	3.9	5.6	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	10			weekly	comp
LEAD	SAMPLE MEASUREMENT	<0.0001408	<0.0001644	kg/day	*****	<1.30	<1.30	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	10			weekly	comp
NICKEL	SAMPLE MEASUREMENT	0.0022946	0.0026685	kg/day	*****	21.2	23.4	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.140	0.293		*****	924	1850			weekly	comp
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)						TELEPHONE		DATE	
Glenn Grieb Project Manager		 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						732 572-4743		04 09 21	
TYPED OR PRINTED								AREA CODE		NUMBER	

COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS

(REFERENCE ALL ATTACHMENTS HERE)

PERMITTEE NAME/ADDRESS

NAME **SCA SERVICES, INC.**
 ADDRESS **383 MEADOW ROAD**
EDISON, NEW JERSEY 08817

FACILITY **KIN-BUC LANDFILL**
 LOCATION **EDISON, NEW JERSEY**
 ATTN: **CARL JANUSZKIEWICZ**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	08	01		04	08	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ZINC	SAMPLE MEASUREMENT	0.0023940	0.0050955	kg/day	*****	21.2	42.7	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.177	0.356		*****	1170	2350			weekly	comp
CYANIDE	SAMPLE MEASUREMENT	<0.0010828	<0.0012647	kg/day	*****	<10.0	<10.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.002	0.004		*****	13.2	26.4			weekly	comp
ALUMINUM	SAMPLE MEASUREMENT	<0.0063455	<0.0074111	kg/day	*****	<58.6	<58.6	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	1.40	2.81		*****	5240	18500			weekly	comp
IRON	SAMPLE MEASUREMENT	0.0108982	0.0220765	kg/day	*****	96.3	185.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	80.6	162		*****	152800	1070000			weekly	comp
ACUTE TOXICITY, (LC50)	SAMPLE MEASUREMENT	QUARTELY	REPORT	***	>100%	*****	*****	%	0		
	PERMIT REQUIREMENT	*****	*****		50(2)	*****	*****			see permit	equivalent
Ammonia	SAMPLE MEASUREMENT	*****	*****	***	*****	0.260	0.420	mg/l	0	*****	*****
	PERMIT REQUIREMENT	*****	*****		*****	4.8	10.0			2/month	comp
	SAMPLE MEASUREMENT	*****	*****	***	*****	*****	*****	***	***	*****	*****
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			*****	*****
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE		
Glenn Grieb Project Manager							732 572-4743		04 09 21		
TYPED OR PRINTED							AREA CODE NUMBER		YEAR MO DAY		

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